



REQUEST FOR TRANSCRIPT / MEDICAL RECORDS

LARKIN HIGH SCHOOL
SCHOOL DISTRICT U-46

(Please Print)

STUDENT FIRST & LAST NAME (NAME USED WHILE ATTENDING LARKIN HIGH SCHOOL)

BIRTHDATE

STUDENT ID NUMBER

YEAR GRADUATED/YEAR LAST ATTENDED

PHONE NUMBER

I AM REQUESTING THE FOLLOWING RECORDS: (\$3.00 EACH)

of copies

_____ CERTIFIED OFFICIAL TRANSCRIPT (Sealed Envelope)

_____ COPY OF MY TRANSCRIPT (Not Official)

_____ MEDICAL RECORDS ONLY

_____ I WILL PICKUP MY RECORDS OR _____ PLEASE MAIL MY RECORDS TO:

School/Institution _____

Address _____

City _____ State _____ Zip _____

Attention to: _____

STUDENT'S SIGNATURE

DATE

ACT/SAT scores ARE NOT provided on the transcript. Scores must be sent to colleges and universities directly from the testing agency.

ACT: www.actstudent.org

SAT: sat.collegeboard.org

There is a \$3.00 charge for each transcript or medical record.

The District requires a copy of your Driver's License or State ID with a request.

It takes 5 working days to process all requests from the date **request, ID, and payment are received.**

Express 24 hours service (to process requests; not including mailing time) is available for an additional fee of **\$7.00.**

Cash/Cashier's Checks/Money Orders/Personal Checks are accepted.

Credit Card payments are accepted for amounts of \$10 or more.

PLEASE SEND REQUEST & PAYMENT TO:

Larkin High School
ATTN: TRANSCRIPTS
1475 Larkin Ave
Elgin, Illinois 60123
Phone: 847-888-5200 ext. 5235
Fax: 847-888-6988

CREDIT CARD PAYMENT

TYPE: _____ VISA _____ MASTER CARD

CARD NUMBER: _____ - _____ - _____ - _____

EXP. DATE: ____/____ CCV CODE: ____

NAME ON CARD: _____

OFFICE USE ONLY

(Date records were processed)

(Name of a person completing the request)